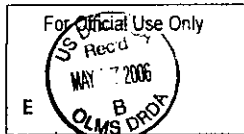


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10704</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Roderick S Bashir</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3714 River Road</u> City <u>Hazel Crest</u> State <u>Illinois</u> ZIP Code + 4 <u>60429</u>	4. Name, file number, and address of labor organization. Name <u>Service Employees Union, Local 1</u> Labor Organization File Number <u>025-715</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>111 E. Wacker Dr.</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5. Position in labor organization. <u>Vice President & Assistant To The President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>NONE</u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Roderick S. Bashir</u>	On <u>5/11/06</u> Date	<u>312-233-8831</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="SEIU Benefit Funds"/></p> <p>Trade Name, if any: <input type="text" value="SEIU National Industry Pension FD."/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1313 L Street, N.W."/></p> <p>City <input type="text" value="Washington, D.C. 20005"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Union Trustee</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="5,116.00"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>NONE</p></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing <u>Roderick S. Bashir</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Union Health Services, Inc.</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>1634 W. POLK STREET</u></p> <p>City <u>Chicago</u></p> <p>State <u>IL.</u> ZIP Code + 4 <u>60612</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"><p>Payment of Insurance Premium</p><p>Payment of cost of 50th Anniversary Dinner</p></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>1198.78</u></p>

Part B

Name of Reporting Employer: UNION HEALTH SERVICE, INC.	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). VICE-PRESIDENT	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name RODERICK BASHIR P.O. Box, Building and Room Number, if any Street 111 E. WACKER DRIVE City CHICAGO State ILLINOIS ZIP Code + 46 0601-4205		9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization S.E.I.U. LOCAL 1 P.O. Box, Building and Room Number, if any Street 111 E. WACKER DRIVE City CHICAGO State ILLINOIS ZIP Code + 4 60601-4205	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. 03-17-2005		10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy). 06-23-2005 09-15-2005	11.b. Amount of each payment or expenditure \$1,135.78 \$63.00	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property) payment of insurance premium payment of cost of dinner dance	

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

The individual named in 9.b. is a trustee of the Reporting Employer. The Reporting Employer pays the annual premium of each trustee for a health plan. The annual premium paid in 2005 was \$1,135.78.

The individual was invited and attended a dinner dance observing the Reporting Employers 50th Anniversary; value of \$63.00.

SEIU Benefit Funds
Trustee Expenses for DOL LM-30 Reporting
Expense Reimbursements Paid
For the Year Ended December 31, 2005

Trustee: Roderick Bashir

Fund: SEIU National Industry Pension Fund

FEIN: 52-6148540

Paid directly to Rod Bashir by the SEIU National Industry Pension Fund (FEIN 52-6148540)

Date Paid	Event Date	Description	Airfare/ Train	Hotel	Ground Transportation	Parking	Meals	Conference Fees	Tips & Misc	Total
01/21/05	Nov 29-Dec 5, 2004	Int. Found Conference	-	1,152	92	-	144	-	40	1,428
02/08/05	Nov 29-Dec 5, 2004	Int. Found Conference	-	-	26	151	62	-	-	239
02/22/05	Jan 25-Jan26, 2005	Trustee meeting	-	-	119	75	56	-	-	250
06/30/05	Jun 15-Jun 17, 2005	Trustee Meeting	-	-	-	63	21	-	-	84
12/22/05	Nov 11-Nov 18, 2005	Pension Convention	-	-	-	179	43	-	-	222
Total			\$ -	\$ 1,152	\$ 237	\$ 468	\$ 326	\$ -	\$ 40	\$ 2,223

Paid on behalf of Rod Bashir by the SEIU National Industry Pension Fund (FEIN 52-6148540)

Date Paid	Event Date	Description	Airfare/ Train	Hotel	Ground Transportation	Parking	Meals	Conference Fees	Tips & Misc	Total
02/22/05	Jan 25 2005	Trustee meeting	-	-	-	-	69	-	-	69
03/01/05	Nov 11-Nov 18, 2005	Pension Convention	-	350	-	-	-	1,550	-	1,900
06/30/05	June 16, 2005	Trustee meeting	-	-	-	-	72	-	-	72
07/07/05	Jan 24-Jan 27, 2005	Trustee meeting	-	491	-	-	-	-	-	491
07/07/05	June 16, 2005	Trustee Meeting	-	-	-	-	24	-	-	24
09/01/05	Jun 15-Jun 17, 2005	Trustee meeting	-	286	-	49	-	-	2	337
Total			\$ -	\$ 1,128	\$ -	\$ 49	\$ 165	\$ 1,550	\$ 2	\$ 2,893

	Airfare/ Train	Hotel	Ground Transportation	Parking	Meals	Conference Fees	Tips & Misc	Total
Total	\$ -	\$ 2,279	\$ 237	\$ 517	\$ 491	\$ 1,550	\$ 41	\$ 5,116